The safety and efficacy of treatment with self-expandable braided stents (LEO and LVIS) required further investigation.

PURPOSE: Our aim was to analyze the outcomes after treatment with braided stents.

DATA SOURCES: A systematic search of 3 databases was performed for studies published from 2006 to 2017.

STUDY SELECTION: According to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, we included studies reporting patients treated with LEO or LVIS stents.

DATA ANALYSIS: Random-effects meta-analysis was used to pool the following: aneurysm occlusion rate, complications, and neurologic outcomes.

DATA SYNTHESIS: Thirty-five studies evaluating 1426 patients treated with braided stents were included in this meta-analysis. Successful stent delivery and complete aneurysm occlusion were 97% (1041/1095; 95% CI, 95%-98%) (I2 = 44%) and 88.3% (1097/1256; 95% CI, 85%-91%) (I2 = 72%), respectively. Overall, treatment-related complications were 7.4% (107/1317; 95% CI, 5%-9%) (I2 = 44%). Ischemic/thromboembolic events (48/1324 = 2.4%; 95% CI, 1.5%-3.4%) (I2 = 27%) and in-stent thrombosis (35/1324 = 1.5%; 95% CI, 0.6%-1.7%) (I2 = 0%) were the most common complications. Treatment-related morbidity was 1.5% (30/1324; 95% CI, 0.9%-2%) and was comparable between the LEO and LVIS groups. Complication rates between the anterior (29/322 = 8.8%; 95% CI, 3.4%-12%) (I2 = 41%) versus posterior circulation (10/84 = 10.5%; 95% CI, 4%-16%) (I2 = 0%) and distal (30/303 = 8%; 95% CI, 4.5%-12%) (I2 = 48%) versus proximal aneurysms (14/153 = 9%; 95% CI, 3%-13%) (I2 = 46%) were comparable (P > .05).

LIMITATIONS: Limitations were selection and publication biases.

CONCLUSIONS: In this analysis, treatment with the LEO and LVIS stents was relatively safe and effective. The most common complications were periprocedural thromboembolisms and in-stent thrombosis. The rate of complications was comparable among anterior and posterior circulation aneurysms, as well as for proximal and distally located lesions ¹⁾.

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